





# HARVARD MEDICAL ALUMNI BULLETIN

CLINICAL MEDICINE  
AS A  
UNIVERSITY DISCIPLINE



HARVARD UNIVERSITY  
SCHOOL OF MEDICINE AND PUBLIC HEALTH  
LIBRARY

15 APR 1936

L. M. 88.1 x 80.1

*April, 1936*

# The Therapy of Choice

Certain blood dyscrasias (aleukemic leukemia, aplastic anemia, etc.) present signs or symptoms similar to agranulocytic angina. Accurate differential diagnosis is essential before treatment since there is NO EVIDENCE to show that Pentnucleotide is indicated in such conditions.

There is, however, WELL-SUPPORTED EVIDENCE to show that in cases of true agranulocytic angina, Pentnucleotide has proved of value in a high percentage of cases.

This is demonstrated by recent summaries of authoritative opinion both in this country and abroad:

"It appears, clinically, that results are better with pentnucleotide than with any other form of therapy . . . every case should be given the benefit of a trial with such therapy."

*Sodemon — Leukopenic States, Am. J. Med. Sci., January, 1936*

"The results with pentose nucleotide, however, have seemed to be so much better than with the best of the older methods that it is at present the method of choice."

*Adams — A Review of Certain Aspects of a Recently Recognized Disease of the Blood (Agranulocytosis or Agranulocytic Angina), Ministry of Health Report No. 76 — London, 1935*

"When it (agranulocytic angina) is recognized in its early stages and pentnucleotide therapy and blood transfusions are given, and these are the most promising forms of treatment, the mortality has been reduced to about 25 per cent."

*Sturgis — Review of Some of the More Recent Advances in the Study of Blood Diseases, Science, April 19, 1935*



Further information on Pentnucleotide will be sent to any interested physician.

A mixture of the sodium salts of pentose nucleotides for intramuscular use in the treatment of

## Agranulocytosis

(Agranulocytic Angina, Pernicious Leukopenia, Malignant Neutropenia)

SMITH, KLINE & FRENCH LABORATORIES, PHILADELPHIA, PA.

ESTABLISHED 1841

# VITAMIN A

On January 30th, 1932, Mead Johnson & Company announced an award of \$15,000 "to be given to the investigator or group of investigators producing the most conclusive research on the vitamin A requirements of human beings." (J. A. M. A., January 30, 1932, pages 14-15.)

This award was extended on February 11th, 1933 (J. A. M. A., pages 12-13) to include an additional award of \$5,000 for "a laboratory investigation which would point the way toward the evaluation of the clinical requirements of human beings."

In accordance with the terms announced, the Judges decided (April 10, 1935) that the Clinical Award would be postponed until December 31st, 1936, and that the Laboratory Award should be divided between Dr. S. B. Wolbach, Harvard University, for his basic work on the pathology of avitaminosis A, the regeneration of epithelial tissue impaired by vitamin A deficiency, and the relationship of vitamin A to the integrity of the teeth; and Dr. Karl E. Mason, Vanderbilt University, for distinguishing exactly between the pathology of avitaminosis A and avitaminosis E, and for his contribution to the quantitative relationship of vitamin A deficiency to the keratinization of germinal epithelia.

The Judges for this award were announced February 11, 1933: Isaac A. Abt, Northwestern University; K. D. Blackfan, Harvard University; Alan Brown, University of Toronto; Horton R. Casparis, Vanderbilt University; H. F. Helmholtz, Mayo Clinic; Alfred F. Hess, Columbia University; E. V. McCollum, Johns Hopkins University; L. B. Mendel, Yale University; L. T. Royster, University of Virginia; and Robert A. Strong, Tulane University.

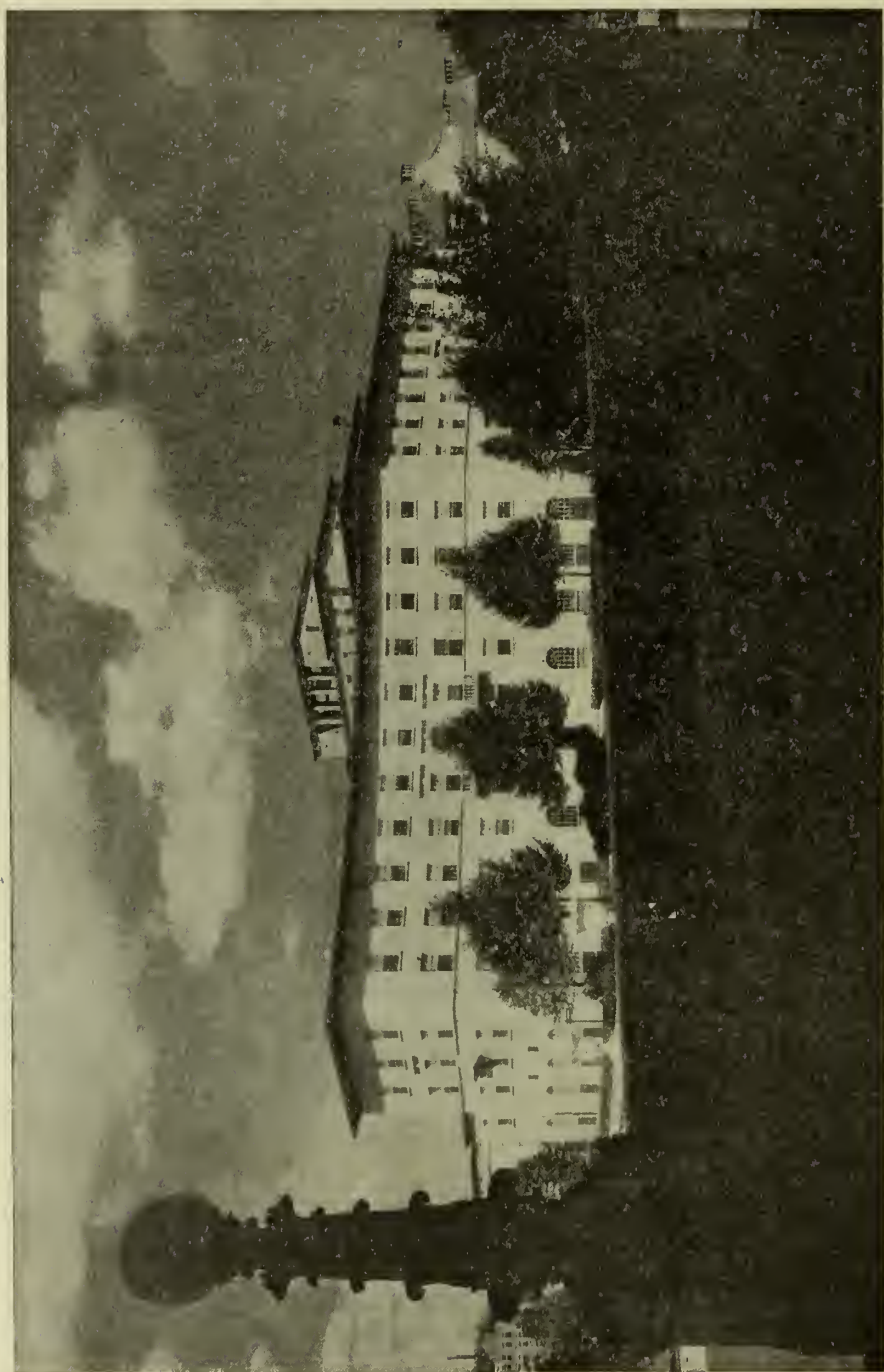
## PRESENT STATUS

Many papers on vitamin A have appeared since December 31st, 1934. Most of these have been in the field of laboratory experimentation, but, in addition, numerous publications involving clinical studies have appeared. From time to time, available abstracts of such work are sent, by the Secretary, to the Judges.

It is to be noted that the main award will be made on the basis of papers published, or accepted for publication, by December 31st, 1936.

It is the earnest hope of the sponsors of this award that the large amount of experimental work which has been done since January, 1932, will permit a true evaluation of the clinical need for additional vitamin A.

**Mead Johnson & Company**  
Evansville, Ind., U. S. A.



VANDERBILT HALL



# Clinical Medicine As a University Discipline

*By Soma Weiss, M.D., Associate Professor of Medicine,  
Harvard Medical School.*

EVER since the mediaeval era anchored medicine to the university in Montpellier, "clinical medicine," "internal medicine" or "physic" has represented the most important and most vital department of medical schools. It is in this department that the student first faces the patient as an integral "psychophysical unit." It is primarily in this department that he is molded into a physician, a task which is accomplished not only by the acquisition of factual knowledge, but also, and perhaps first of all, through training in judgment, tact and behavior in dealing with human beings.

One may philosophize on whether or not clinical medicine is a science, a combination of science and art, or whether in order to make it a science therapeutics should be separated from it—an untenable argument advocated by some. Fortunately for those who are busily engaged in the teaching of future physicians, these arguments concerning definitions have no special significance. Our primary interest is to raise clinical medicine to a high level, which can be best measured by contributions to the field and by the members who represent it. By clinical medicine we mean a discipline which is represented by the interest and activities of men such as Boerhaave, Jenner, Sydenham, Laennec, Bright, Addison, Corrigan, Skoda, Schönlein, Widal, Traube, Naunyn, van Swieten, E. Romberg, F. Müller, Neusser, Osler, Gorgas, J. Mackenzie, Thayer, Fitz, Peabody and others, and by the numerous unnamed practicing physicians throughout the world.

We believe, then, that not only is clinical medicine a science, but that it is much

more than that. It touches on all aspects of human life and exerts an influence on the complex problems of the contribution of the individual to the life of the State. In the department of "physic," a training ground for future physicians, investigators and teachers, the principles and tools of physics, chemistry, anatomy, pharmacology, bacteriology, biology, psychology, psychiatry, ethics, sociology and engineering are developed and applied as indicated by the specific problems to be solved.

Here, then, science mingles with art and with empiricism, if indicated, in order to understand and to help the patient. One teaches and learns *why* and *how* to use the ear or the complex electrocardiographic machine in order to discover the *source* and *nature* of a cardiac difficulty. One teaches and learns *why* and *how* to apply an old-fashioned flaxseed poultice or radioactive substances for the relief of pain. Comparing, then, the functions of the department of internal medicine with those of other clinical departments, one may conclude that all other departments are but branches and specialties of medicine.

## II

The present economic and social difficulties have certainly been, in part, precipitated by scientific and industrial contributions. It is natural, therefore, that in the midst of present hardships, resentment and fear are voiced as to the effect of increasing knowledge on society. Scientific contributions are blamed as representing new sources of human slavery; hence, the curbing of scientific productivity is demanded. President Conant and President

Compton have ably discussed and answered this problem<sup>1, 2, 3</sup>. They have indicated that there is but one way out, and this is the continued gathering of pertinent, constructive and co-ordinated knowledge.

It is an interesting fact that as far as medicine is concerned, a similar restlessness and a belief that "something is wrong" has been felt by some for over a decade, even before the "depression" set in and before the issue for science and learning became general, involving universities and other institutions of learning. Some ten years ago I had the privilege of visiting several of the medical centers of Europe. I was impressed at that time by the dissatisfaction on the part of teachers, physicians and the laity with the qualifications of the young physicians and with medical education as a whole. In England, France, Italy, Austria and Germany one heard of the "crisis in medicine." The discussion and dissatisfaction were particularly great in Germany and perhaps least intense in England. The slogan, "Back to Hippocrates," was sounded by many.

This criticism of "modern," "scientific" medicine received coherent expression particularly by Sauerbruch<sup>4</sup> and by Liek<sup>5</sup>, a practicing surgeon in Danzig, whose book was widely discussed among both physicians and the laity. These men and others pointed out the fact that with the progress of medical science the physician's hold over the patient and the community as a whole was decreasing, and the number of charlatan healers, *Kurpfuscher*, was growing with alarming rapidity. At first it appeared paradoxical that such severe self-criticism should arise in Germany, whose system and institutions of medicine had been held as models by the rest of the world.

The founders of the great school of German internal medicine were men of outstanding personality, with broad vision, great wisdom, and often with remarkable versatility. It was they who conceived, and later put into effect, the idea that the study of the diseased human being should be conducted in the same manner as the

problems of the natural sciences. In order to achieve this, it became necessary to supplement the primitive bedside presentation of cases, heretofore the sole method of teaching, with critical lecture room demonstrations on the development, manifestations and treatment of disease. In addition, in order to study disease with the tools of chemistry, physics, physiology and bacteriology, laboratories were attached to the clinic.

During the following three decades the accomplishments in the laboratories became, however, overemphasized at the expense of investigation at the bedside. The teaching of medicine was to a large extent removed from the ward to the lecture room. The new masters' greatest ambition was to deliver fine and often intricate lectures, well illustrated with charts and lantern slides, in an amphitheater packed to its hundreds of capacity. There, from long distance and great height, did the student receive his main education. The short bedside "*Kurse*" conducted by young assistants became to a large extent a voluntary performance on the part of the students, usually looked upon as a burden to be shaken off.

As chemistry, physiology and bacteriology developed, however, the assistants retired more and more from the bedside and became interested in problems in which technique, and not the manifestations of the disease, was the dominating interest. The scientific work became narrower and narrower in scope. Furthermore, all the clinics were organized on a quite similar pattern, under the supervision of the State. Activities became decentralized, and with this change, bits of knowledge bearing on methods rather than on clinical problems occupied all interest.

Fortunately, in other countries, in spite of, or perhaps thanks to, lack of technical equipment, the dissatisfaction with medical education and with the activities of clinical medicine was less acute than in Germany. Nevertheless, the general trend toward specialization, technicism and disin-



tegration of the central interest in the patient has been universal. Was or is this recent trend a situation peculiar to medicine; or is what happens in medicine but a part of the general trend in our era, an effect of the "*Zeitgeist*" heretofore overlooked?

### III

José Ortega y Gasset, Professor of Metaphysics in Madrid University, in his writings on sociology, philosophy, literature and art undertakes the analysis of those factors which led to the difficulties of the present era. In his volume, "The Revolt of the Masses," he analyzes modern civilization and concludes that its two main characteristics are democracy and technicism. Technicism and genuine science may be related to each other, but are often two separate entities. Thus, China has reached a high degree of technique, without in the least suspecting the existence of physics<sup>6</sup>.

"It would be of great interest, and of greater utility than at first sight appears, to draw up the history of physical and biological sciences, indicating the process of increasing specialization in the work of investigators. It would then be seen how, generation after generation, the scientist has been gradually restricted and confined into narrower fields of mental occupation. But this is not the important point that such a history would show, but rather the reverse side of the matter: how in each generation the scientist, through having to reduce the sphere of his labour, was progressively losing contact with other branches of science, with that integral interpretation of the universe which is the only thing deserving the names of science, culture, European civilization."

Gasset further characterizes the modern specialist as one who "even proclaims it as a virtue that he takes no cognizance of what lies outside the narrow territory specially cultivated by himself, and gives the name of 'dilettantism' to any curiosity for the general scheme of knowledge." He

compares the specialist in science with the mass man and concludes that both are the end products of the social, economic and political discoveries of the nineteenth century.

"The most immediate result of this *unbalanced* specialization has been that today, when there are more 'scientists' than ever, there are much less 'cultured' men than, for example, about 1750 . . . The specialization, then, that has made possible the progress of experimental science during a century, is approaching a stage where it can no longer continue its advance unless a new generation undertakes to provide it with a more powerful form of turnspit."

### IV

Evidently, then, what is criticized by some in medicine is but a part of the problem facing learning in general. How vital this issue is for present-day clinical medicine is shown by the fact that this very theme, so powerfully drawn by Gasset some six years ago concerning science in general, is the main topic of two recent addresses by able English clinicians. Lord Horder, in his farewell lecture at St. Bartholomew's Hospital on "Clinical Medicine," and Sir John A. Ryle, in his inaugural address as Regius Professor of Physic at Cambridge on "The Aims and Methods of Medical Science," discuss the rôle of "excessive, premature and misdirected specialism" and explain how it is possible to bring the parts of medical science and art into proper relation to the whole<sup>7, 8</sup>.

After a lifelong leadership as a physician and as an investigator, Lord Horder advises, "Whatever may be the special branch of medicine that attracts us, it is commonly accepted that it is at the bedside where, on the one hand, the vital expressions of disease are manifested, and where, on the other, the contributions made by laboratory, both to diagnosis and to therapy, must eventually be tested. '*Les malades, toujours les malades*'." He emphasizes that in spite of the development of numerous techniques, the central function of the

clinician remains the correlation of *essential* data. Pathological processes have a unity which centers in the patient, and without careful study at the bedside only one part of the process can be elucidated.

Ryle describes as the aims of clinical science "to increase and perfect our knowledge (with a view to its control) of disease in man, and equally our knowledge of man in disease, by every legitimate means of science and art at our disposal. In furtherance of this aim the study of healthy structure and function plays a leading part." He does not condemn specialism as such, for he knows that the proper type of specialization is essential for the scientific progress of today. He pleads, however, for better integration of the available knowledge, and for viewing the patient as a whole man or woman.

## V

It may appear as if, after decades of hard work, we have to start all over again, as a result of grave mistakes. Should we perhaps abandon the tools just acquired? An examination of the problem gives a negative answer to this question. Our era has accomplished one of the most unique achievements in the history of medicine: the study of the normal and the diseased man with methods similar in accuracy and efficacy to those used in other biological sciences. The principles of methods used today in physiology and biochemistry were known almost a century ago, but it is only during the past two decades that systematic investigation of the human functions has been undertaken.

It may be that specialization has been overdone and that too little attention has been paid to the patient as a whole, and particularly to his psychic reactions to disease. Conversely, it may be that the effect of primary mental aberrations on bodily functions, and the effect of environmental and, particularly, social factors in relation to the patient have been neglected.

These mistakes or omissions, however, do not indicate that the principles of mod-

ern clinical medicine have failed; nor does the situation justify the abandonment of specialization or technicism. The mistakes and gaps simply point the way in which the very methods just acquired must be applied to these problems. If we wish to broaden clinical medicine and study constitution, eugenics, clinical psychiatry and clinical sociology, what we need is the application of rigid discipline, study of the problems by trained workers with suitable controls and proper tools. Otherwise, in the course of a few decades we shall again be on the wrong track.

There is at present a crisis within the universities, as there is in industry, agriculture and politics. As university posts become vacant in this and other countries, one frequently hears that there is a dearth of suitable candidates for these positions. Is it that the younger generation is intellectually unfit? Is it not more probable that during the past quarter of a century or so universities have encouraged ultra-specialization and have rewarded narrow accomplishments, with the result that now, when new and broader standards have been established, it is difficult to find men who represent them?

## VI

The function of a university clinic is to take exemplary care of the patient, to teach and to advance knowledge. To do this means combining the use of both pure and applied sciences. The secret of its success lies in the cultivation of the *right balance* between these two activities.

It has been suggested by some that clinical medicine can be divided into "curative" medicine (practice of medicine) and "progressive" medicine (research medicine or clinical science); that these two branches represent separate types of discipline, and that between the two a number of fundamentally antagonistic characteristics exist<sup>9, 10</sup>. Lewis considers curative medicine as dealing primarily with placing a correct label on disease. This branch cultivates the recognition of the known and the

comfort and relief of the sick. In this field encyclopedic knowledge is fostered, which at best leads to classification and prognosis, but not to an understanding of the disease. Progressive medicine, on the other hand, is primarily interested in solving the phenomena of disease with the aid of experimental research. In contrast to curative medicine, which is concerned with individualistic problems, progressive medicine has a collective interest.<sup>9</sup>

These two activities with different outlooks certainly exist in clinical medicine, but can they or should they be rigidly and arbitrarily separated? Is it true that the solutions of practicing physicians are reached ". . . in by far the greater number of instances by no process of logical reasoning, but upon the basis of what we call intuition, a faculty often remarkably developed"?<sup>9</sup> Or is it true that the practice of medicine, from its very nature, is destructive to consecutive thought? Now, if curative and progressive medicine, so called, were rigidly separated, logical reasoning would be lacking and intuition would dominate medicine. One of the most weighty arguments, however, for the combined cultivation of curative and progressive medicine is that the influence and the example of teachers and investigators with such two-fold interests, more than any other factor, introduce progressive, scientific and logical methods into the practice of medicine.

If some physicians practice medicine on the basis of intuition rather than on the basis of sound knowledge obtained from investigation, it is not because clinical medicine can not be placed on the level of discipline. Their conduct reflects failure either on the part of the schools where they were trained or on their own part as individuals. The spirit of progressive medicine (clinical science) should and can be instilled into daily practice. Each patient presents a problem for study which can be adequately solved only on the basis of principles similar to those applied in progressive (research) medicine. As Herrick

(11) has pointed out recently, it is the combined functions of investigation and care with human sympathy which constitute the essential requisites of a good physician.

Training of students and graduates in the principles of research, as applied to the care of the patient, will have a lasting, elevating effect on their professional approach and activities. This type of medical practice not only will benefit the community, but it will make professional activities more enjoyable.

The substitution of clinical medicine, as a broad field, with research medicine has been tried in recent years in some universities, but this has failed uniformly. As investigation is an essential part of the university clinic, it is mainly the clinical activities *superadded* to research which differentiates the university clinic from the research institute.

In order that clinical medicine may remain firmly imbedded within the structure of the university, it should contribute to the intellectual and the moral standards of the university at large. The solution of this problem does not depend solely on the search for the unknown. The right cultivation of the known is an equally fundamental function of the university. What we sorely need in medicine is the proper correlation and interpretation and synthesis of the available knowledge. It is not improbable that a limited number of "modern encyclopedists," trained in methods of investigation, will eventually become valuable members of the society of universities, as they were in the eighteenth century, through their contributions not only to the known, but also to the unknown.

It has been mentioned that the field of medicine has been extended considerably in recent years. It is probable that the growth of its interest and activities will continue in order to fulfill its service to human life. The department of clinical medicine will inevitably become a school within the school, with representations of several types of knowledge. Only in this



way can it maintain its leadership and its influence within the profession.

An ideal clinic will be a place of learning in which men of ability with different interests and different tastes will work side by side in a free and friendly spirit. Here, clinical science and curative medicine will not be segregated, but ward research and laboratory investigation will be inspired by bedside observations. The members of the clinic will remain in close contact with the specialties of medicine and particularly with psychiatry, neurology and dermatology, as well as with the "preclinical" sciences. The cross-fertilization of ideas between those primarily interested in experimental research, in disease, in bedside observation or in the care of the patient will yield rich reward for the mutual benefit of investigator, teacher, physician and student.

If an adequate number of able men with varied interests are selected for the conduct of the clinic and are given proper opportunity for tranquil work, the problems of full-time versus part-time workers, of "investigators" versus "clinicians," of administration, time tables of curricula, etc., so much debated in recent years, will continue to become increasingly of secondary importance. A university clinic will then become a vital force, not only in undergraduate, but also in graduate education, a moral obligation of medical schools yet far from satisfactorily fulfilled. Such a clinic will not degrade its "scientific position," a fear one often hears expressed; on the contrary, such a *complete* cultivation of clinical medicine will result in richer contributions from this field to learning in general.

### VIII

All I have tried to say, then, is that for the best cultivation of clinical medicine of today, the combined activities of men with various qualifications are essential. University clinics cannot be conducted accord-

ing to rigid patterns. In addition to all aspects of the science of medicine, and of man as a complete individual, the representation of the principles of the practice of medicine is a worthy university discipline. These functions of clinical medicine must be cultivated side by side for mutual benefit; otherwise, the primary purpose of the clinic fails. It is the intellect which must dominate technique; and the development of scholars at work in the university clinic will help to improve the care of the sick.

Complacency results inevitably in retrogression, while wholesome and respectful inquiry always precedes progress.

*"Un jour tout sera bien, voilà notre espérance.*

*Tout est bien aujourd'hui, voilà l'illusion."*  
(Voltaire).

### Bibliography

- <sup>1</sup> Conant, J. B. Free Inquiry or Dogma? Atlantic Monthly, 1935, 155, 436.
- <sup>2</sup> Conant, J. B. Andrew Carnegie, Patron of Learning. Science, 1935, 82, 599.
- <sup>3</sup> Compton, K. T. What's Next in Science. Vital Speeches, 1936, 2, 250.
- <sup>4</sup> Sauerbruch, F. Heilkunst und Naturwissenschaften. Naturwissenschaften, 1926, 14, 1081.
- <sup>5</sup> Liek, E. Der Arzt und seine Sendung. Lehmanns Verlag, München, 1927.
- <sup>6</sup> Ortega y Gasset, J. The Revolt of the Masses. New York, W. W. Norton & Co., 1932. Loc. cit., p. 121, 125.
- <sup>7</sup> Horder, Lord. Clinical Medicine—A Farewell Lecture at St. Bartholomew's Hospital. Brit. Med. J., 1936, 1, 163.
- <sup>8</sup> Ryle, J. A. The Aims and Methods of Medical Science. Cambridge University Press. Quoted from Brit. Med. J., 1935, 2, 1105.
- <sup>9</sup> Lewis, Th. Observations on Research in Medicine: Its Position and Its Needs. Brit. Med. J., 1930, 1, 479.
- <sup>10</sup> Lewis, Th. The Harveian Oration on "Clinical Science." Brit. Med. J., 1933, 2, 717.
- <sup>11</sup> Herrick, J. B. The Successful Doctor and the Human Side of Practice. New England J. Med., 1936, 214, 9.

# The Clinical Clerkship in Medicine at Harvard

*By Henry A. Christian, M.D., Hersey Professor of Medicine,  
Harvard Medical School.*

**P**RIOR to 1905-06 students in the Harvard Medical School had no opportunity for the consecutive study of patients in hospital wards and relatively little chance to participate in ward visits made by members of a hospital visiting staff. In the year 1905-06 commenced the elective arrangement of the fourth-year's work, with half courses occupying all day for one month or forenoons or afternoons for two months and quarter courses half as long. This change in teaching methods made possible courses in which the student devoted his entire time for a month or more to one subject. For the first time it had become possible to put the senior student in the wards of a hospital for continued, consecutive observation of patients.

Dr. R. H. Fitz, then Hersey Professor of the Theory and Practice of Physic, visualizing what might be done, arranged for a fourth-year elective in the study of patients in the wards of the Massachusetts General Hospital to begin in 1905.

This course was under the continuous supervision of the author of this paper, who as a student under Osler in Baltimore had "clerked" in Medicine in the Johns Hopkins Hospital wards, his work being used as the hospital record of patients. Senior students in this course at the Massachusetts General Hospital took histories, made physical examinations and carried out laboratory procedures on ward patients of Dr. Fitz or of Dr. E. G. Cutler. During the first two years of this course, if the patients died, the students performed the autopsy. Students' records at this time were independent of the hospital records. Such a course continued to be offered at the Massachusetts General Hospital from 1907-08 until the autumn of 1912.

In 1907-08 a similar elective course in Theory and Practice was offered at the

Carney Hospital. This course was given under the supervision of Dr. Christian from 1907-08 through 1911-12. In 1912-13 this course at the Carney was offered under Dr. Leen and was the only elective in medicine with ward work offered anywhere in that year.

During 1912-13 Dr. Edsall, coming to Boston in 1912, had organized his service at the Massachusetts General Hospital. The Peter Bent Brigham Hospital had opened and the two departments, Clinical Medicine and Theory and Practice, had been fused into a single department, Medicine. In that autumn, 1913, simultaneously at the Massachusetts General and the Peter Bent Brigham hospitals were offered electives in Medicine.

A year later, in the autumn of 1914, a similar course at the Boston City Hospital was added. A minimum of two months such work in medicine was required of each student, and students at each of these hospitals then began to play a direct part in the routine work of the hospital. At the Massachusetts General Hospital the history taken by the student became, after correction, the recorded history of the patient, while at the Boston City and Peter Bent Brigham hospitals student's corrected physical examinations were written or typed as the hospitals' record of that patient, the student's responsibility being indicated by his name appearing in the record. This arrangement was continued unchanged at each hospital to the present, and in recent years the Beth Israel Hospital for half the year has taken small groups of students for similar work.

Thus the clinical clerkship in Medicine evolved in the hospitals affiliated in the teaching work of the Harvard Medical School. While many played a part in this development, perhaps the chief credit for its inception should go to Dr. R. H. Fitz.



## ASSOCIATION OFFICERS

Edwin A. Locke, *President*  
 Carl Binger, *Vice-President*  
 Vernon P. Williams, *Secretary*  
 Henry H. Faxon, *Treasurer*

## COUNCILLORS

T. H. Lanman	W. B. Castle
B. C. Wheeler	H. A. Chase
R. B. Cattell	R. W. French
C. L. Short	A. Thorndike, Jr.

Conrad Wesselhoeft

## EDITOR

Vernon P. Williams

## BUSINESS MANAGER

Henry H. Faxon

*Room 111, Harvard Medical School  
 Boston, Mass.*

Treasurer's  
Appeal.

During the past years of the depression your Association has been faced with the problem of trying to carry out the full scope of its activities with the restricted funds available from contributions. It has been impossible to accomplish this because of the enforced economy that the times imposed.

The financial status of the BULLETIN which is sent without charge to each alumnus, has improved substantially in the past two years by virtue of greater revenue from advertising so that it is now essentially self-supporting. However, the other activities of the Association, in particular the assistance that we render through scholarships to certain worthy students, has had to be curtailed. The Council of your Association has regretted exceedingly this enforced restriction, and heartily joins me in my appeal that with improving conditions all alumni send some subscription to the Association.

There are many men who have responded generously each year, and to these I express our gratitude for the tangible help that they have afforded. More men have answered the appeals this year than

in the past, and it is my earnest hope that before the academic year is ended I may have heard from many others who have up to the present time ignored the matter of supporting their Association.

HENRY H. FAXON, M.D., *Treasurer.*

## CORRECTION

The heading of the note in regard to Dr. Cyrus H. Fiske's appointment in the last issue of the BULLETIN was misleading. Dr. Fiske has been appointed professor of Biological Chemistry at the Harvard Medical School.

CURRENT ACTIVITIES AT THE  
HARVARD MEDICAL SCHOOL,  
COURSES FOR GRADUATES

*May 4-30. "All-Day" Course in Ophthalmology.* Given by Staff of the Mass. Eye and Ear Infirmary at the Infirmary.

*June 15-27. Neurosyphilis.* Given by Drs. Solomon, Merritt, Moore and Viets at the Boston Psychopathic Hospital, M. G. H., B. C. H., and H. M. S.

*June 18-July 30. Internal Medicine—Diagnosis and Treatment.* Given by Dr. F. Dennette Adams and Staff at the M. G. H.

*June 29-July 25. Clinical Physiology.* Given by Drs. Rioch and Merritt at the B. C. H.

*July 1-31. Modern Diagnosis and Treatment of Heart Disease.* Given by Dr. Samuel A. Levine at the Peter Bent Brigham Hospital.

*July 1-31. Pediatrics.* Given by Dr. Harold L. Higgins at the M. G. H.

*July 6-18. Diagnosis and Treatment of Digestive Diseases.* Given by Dr. Chester S. Keefer and associates at the B. C. H.

*July 13-17. Clinical Allergy.* Given by Dr. Francis M. Rackemann at the M. G. H. (mornings).

*July 13-17. Vaccines and Sera.* Given by Dr. Elliott S. A. Robinson at the Antitoxin and Vaccine Laboratory (afternoons).

*July for 2 weeks. Surgical Technique.* Given by Dr. Elliott C. Cutler and Dr. Robert M.

Zollinger at the Peter Bent Brigham Hospital.  
*Offered Monthly. Courses in General Internal Medicine, Roentgenology and Ophthalmology.*

# The Tercentenary Session of the Medical School

The Medical School and the Medical Alumni Association will participate in the University Tercentenary Celebration by holding a Medical School Session and the annual Alumni meeting on September 14 and 15. The following invitation and announcement has been issued to all alumni of the Medical School.

The Dean and Faculty of Medicine invite the alumni, as graduates of the Harvard Medical School and members of the Harvard Medical Alumni Association, to attend the Tercentenary Session of the Medical School on September 14 and 15, 1936. This will immediately precede the final University Celebration on September 16, 17, and 18, for which invitations have recently been issued by the President and Fellows of Harvard College.

The annual meeting and the dinner of the Harvard Medical Alumni Association will be held on the evening of September 15 in Vanderbilt Hall. This meeting has been postponed from its usual time in June in honor of the Tercentenary and to encourage the return at this time of as many graduates as possible.

The Medical School Session will include:

Demonstrations, informal discussions, and special clinics at the various hospitals and in the Medical School, and four carefully planned symposium programs, presented by the Harvard Medical Faculty on:

(1) Nutrition and the Deficiency Diseases. Chairman, Dr. George R. Minot.

(2) The Nervous System, Central and Sympathetic. Chairman, Dr. Walter B. Cannon.

(3) The Infectious Diseases. Chairman, Dr. Hans Zinsser.

(4) The Endocrine Glands. Chairman, Dr. J. Howard Means.

Alumni are requested to read the program, which is being mailed to them, and to assist us in making final plans by filling in the post card which accompanies it, indicating their intention, subject to unforeseen contingencies, to attend the Tercentenary Session.

## "OPEN HOUSE"

July, August, and September

The Tercentenary Celebration begins on July 1, 1936, when the University places its various buildings and activities "on view." Most of the departments of the Medical School and the affiliated hospitals will keep "open house" for all or part of the summer. During this time one or more members of the staff of each department will always be available to receive returning graduates or interested visitors, and show and explain the routine activities or such demonstrations and exhibits as the department may offer. Further information as to items of special interest, dates, and times will be published in the June issue of the Medical Alumni BULLETIN, and will be available during the summer at the Tercentenary Office in Cambridge.

## CLINICS AND DEMONSTRATIONS

The "open house" demonstrations and exhibits of the summer will be continued during the morning of September 14. The members of the staffs will be present to discuss their work informally, and many of the departments and associated hospitals will offer special clinics and demonstrations. The full program will be announced at a later date in the Medical Alumni BULLETIN.

## ASSOCIATION OFFICERS

Edwin A. Locke, *President*  
 Carl Binger, *Vice-President*  
 Vernon P. Williams, *Secretary*  
 Henry H. Faxon, *Treasurer*

## COUNCILLORS

T. H. Lanman	W. B. Castle
B. C. Wheeler	H. A. Chase
R. B. Cattell	R. W. French
C. L. Short	A. Thorndike, Jr.

Conrad Wesselhoeft

## EDITOR

Vernon P. Williams

## BUSINESS MANAGER

Henry H. Faxon

*Room 111, Harvard Medical School  
 Boston, Mass.*

Treasurer's  
Appeal.

During the past years of the depression your Association has been faced with the problem of trying to carry out the full scope of its activities with the restricted funds available from contributions. It has been impossible to accomplish this because of the enforced economy that the times imposed.

The financial status of the BULLETIN which is sent without charge to each alumnus, has improved substantially in the past two years by virtue of greater revenue from advertising so that it is now essentially self-supporting. However, the other activities of the Association, in particular the assistance that we render through scholarships to certain worthy students, has had to be curtailed. The Council of your Association has regretted exceedingly this enforced restriction, and heartily joins me in my appeal that with improving conditions all alumni send some subscription to the Association.

There are many men who have responded generously each year, and to these I express our gratitude for the tangible help that they have afforded. More men have answered the appeals this year than

in the past, and it is my earnest hope that before the academic year is ended I may have heard from many others who have up to the present time ignored the matter of supporting their Association.

HENRY H. FAXON, M.D., *Treasurer.*

## CORRECTION

The heading of the note in regard to Dr. Cyrus H. Fiske's appointment in the last issue of the BULLETIN was misleading. Dr. Fiske has been appointed professor of Biological Chemistry at the Harvard Medical School.

CURRENT ACTIVITIES AT THE  
HARVARD MEDICAL SCHOOL,  
COURSES FOR GRADUATES

*May 4-30. "All-Day" Course in Ophthalmology.* Given by Staff of the Mass. Eye and Ear Infirmary at the Infirmary.

*June 15-27. Neurosyphilis.* Given by Drs. Solomon, Merritt, Moore and Viets at the Boston Psychopathic Hospital, M. G. H., B. C. H., and H. M. S.

*June 18-July 30. Internal Medicine—Diagnosis and Treatment.* Given by Dr. F. Dennette Adams and Staff at the M. G. H.

*June 29-July 25. Clinical Physiology.* Given by Drs. Rioch and Merritt at the B. C. H.

*July 1-31. Modern Diagnosis and Treatment of Heart Disease.* Given by Dr. Samuel A. Levine at the Peter Bent Brigham Hospital.

*July 1-31. Pediatrics.* Given by Dr. Harold L. Higgins at the M. G. H.

*July 6-18. Diagnosis and Treatment of Digestive Diseases.* Given by Dr. Chester S. Keefer and associates at the B. C. H.

*July 13-17. Clinical Allergy.* Given by Dr. Francis M. Rackemann at the M. G. H. (mornings).

*July 13-17. Vaccines and Sera.* Given by Dr. Elliott S. A. Robinson at the Antitoxin and Vaccine Laboratory (afternoons).

*July for 2 weeks. Surgical Technique.* Given by Dr. Elliott C. Cutler and Dr. Robert M. Zollinger at the Peter Bent Brigham Hospital.  
*Offered Monthly. Courses in General Internal Medicine, Roentgenology and Ophthalmology.*

# The Tercentenary Session of the Medical School

The Medical School and the Medical Alumni Association will participate in the University Tercentenary Celebration by holding a Medical School Session and the annual Alumni meeting on September 14 and 15. The following invitation and announcement has been issued to all alumni of the Medical School.

The Dean and Faculty of Medicine invite the alumni, as graduates of the Harvard Medical School and members of the Harvard Medical Alumni Association, to attend the Tercentenary Session of the Medical School on September 14 and 15, 1936. This will immediately precede the final University Celebration on September 16, 17, and 18, for which invitations have recently been issued by the President and Fellows of Harvard College.

The annual meeting and the dinner of the Harvard Medical Alumni Association will be held on the evening of September 15 in Vanderbilt Hall. This meeting has been postponed from its usual time in June in honor of the Tercentenary and to encourage the return at this time of as many graduates as possible.

The Medical School Session will include:

Demonstrations, informal discussions, and special clinics at the various hospitals and in the Medical School, and four carefully planned symposium programs, presented by the Harvard Medical Faculty on:

(1) Nutrition and the Deficiency Diseases. Chairman, Dr. George R. Minot.

(2) The Nervous System, Central and Sympathetic. Chairman, Dr. Walter B. Cannon.

(3) The Infectious Diseases. Chairman, Dr. Hans Zinsser.

(4) The Endocrine Glands. Chairman, Dr. J. Howard Means.

Alumni are requested to read the program, which is being mailed to them, and to assist us in making final plans by filling in the post card which accompanies it, indicating their intention, subject to unforeseen contingencies, to attend the Tercentenary Session.

## "OPEN HOUSE"

July, August, and September

The Tercentenary Celebration begins on July 1, 1936, when the University places its various buildings and activities "on view." Most of the departments of the Medical School and the affiliated hospitals will keep "open house" for all or part of the summer. During this time one or more members of the staff of each department will always be available to receive returning graduates or interested visitors, and show and explain the routine activities or such demonstrations and exhibits as the department may offer. Further information as to items of special interest, dates, and times will be published in the June issue of the Medical Alumni BULLETIN, and will be available during the summer at the Tercentenary Office in Cambridge.

## CLINICS AND DEMONSTRATIONS

The "open house" demonstrations and exhibits of the summer will be continued during the morning of September 14. The members of the staffs will be present to discuss their work informally, and many of the departments and associated hospitals will offer special clinics and demonstrations. The full program will be announced at a later date in the Medical Alumni BULLETIN.



## NECROLOGY

'69—CHARLES A. GOLDSMITH is reported dead.

'70—RUFUS H. CARVER died at Providence, R. I., December 30, 1936.

'82—LEONARD JARVIS died at Claremont, N. H., January 23, 1936.

'85—WILLIAM F. KNOWLES died at Brookline, Mass., February 13, 1936.

'85—EDWARD R. MERRILL died at Santa Barbara, Calif., February 14, 1936.

'86—FREDERIC W. BALDWIN died at Danvers, Mass., March 6, 1936.

'92—THOMAS O. SHEPARD died November 21, 1935.

'94—ROBERT N. DALEY died at South Boston, November 16 of chronic myocarditis.

'03—SYDNEY B. ELLIOT died at Belle Meade, Va.

'04—GEORGE H. JACKSON is reported dead. *Error.*

'05—FRANCIS X. MAHONEY died at Boston, January 14 of a heart attack. He was health commissioner of Boston for more than 20 years.

'18—RALPH W. ELLIS died at Worcester, Mass., March 3, 1936.

'24—JOHN COHEN died at New York, January 27, after an eight months' illness.

'32—TRAVIS S. GRIFFITH died at Providence, R. I., March 29, 1935.

## ALUMNI NOTES

'67—Edward H. Stevens, who has practiced medicine in Cambridge since 1871, observed his 90th birthday on January 2, 1936. His son Horace P. Stevens, '08, is associated with his father in practice.

'86—Oliver H. Howe has been elected a member for a two-year term of the Trustees of Public Reservations in Massachusetts.

'87—Henry B. Jacobs has been elected president of the Hospital for Consumption of Maryland, for the thirty-first time.

'87—Howard Lilienthal has been made a corresponding member of the French Academic de Chirurgie.

'90—Henry A. Shaw has been appointed psychiatrist of the Out Patient Department of the Payne Whitney Clinic, New York Hospital.

'93—John S. Phelps is living at 768 Boston St., Lynn, Mass. He has retired from his position as Medical Director of the Columbian National Life Insurance Company of Boston.

'01—Nathaniel P. Breed was married January 1, to Mrs. Clarence H. Penny.

'01—Albert F. Griffiths has opened an office at

24 East 36th St., New York City. His practice is limited to the investigation and treatment of arthritis and chronic infections.

'01—Nathaniel K. Wood has been elected a member of the executive council of the Unitarian Club of Boston.

'04—Gerardo M. Balboni has been elected a Fellow of the American College of Physicians.

'07—Michael A. Dailey has been appointed Post Surgeon at Jefferson Barracks, Mo.

'09—F. Gorham Brigham has been appointed chief of the medical staff at the Deaconess and Palmer Memorial hospitals, Boston; also, a member of the Executive Committee of the Deaconess Hospital as representative of the Administrative Staff.

'10—Hans Barkan, Professor of Ophthalmology at Stanford University, has been appointed a member of the board of trustees of Mills College, and vice-president of the San Francisco Symphony.

'10—Bronson Crothers has been appointed a member of the advisory committee on services for crippled children, one of the committees set up under the Social Securities Act.

'12—George R. Minot delivered the Benjamin Rush Lecture at the Pennsylvania Hospital on January 16. He has been made a member of the Advisory Council of the American Association of Medical Workers.

'13—William G. Lennox was elected president of the revived International League against Epilepsy at the International Neurological Congress held in London last summer.

'13—Edward T. Wentworth has been elected president of the Medical Society, County of Monroe (N. Y.) for 1936, member of the House of Delegates and Commissioner on Economics of the Medical Society of the state of New York. He has also been certified by the American Board as a Specialist in Orthopaedic Surgery.

'14—Stanley Cobb has been on the west coast lecturing. A luncheon was given for him by the Harvard Alumni at the Bohemian Club in San Francisco.

'14—Frederick T. Hill has been elected President-elect of the Maine Medical Association.

'14—Samuel A. Levine has been elected president of the New England Heart Association.

'15—Stanley Boller has moved into a new office in the Wilshire Professional Building, Los Angeles.

'15—Herman C. Bumpus, Jr., has been appointed chief of the St. Luke Hospital staff for the coming year.

'17—Joseph T. Wearn, who is on the teaching staff of Western Reserve University, has been elected vice-president of the section on medical science of the American Association for the Advancement of Science.

'19—A son was born December 17, 1935, to





